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ABSTRACT

Before technical assistance can be fully successful in helping the newly blind to adjust, the rehabilitation teacher must understand the inevitable identity crisis which his client suffers and try to establish a meaningful relationship with him. This report considers seven aspects of the rehabilitation process: (1) definition of the teacher's role, (2) development of a good relationship with the entire household, (3) general appraisal of the blind person and his family, (4) creation of a family team for rehabilitation, (5) development of a rehabilitation program, (6) motivation of the person, and (7) implementation of the program. Teaching outlines for: (1) Food Preparation, (2) Meal Planning, (3) Food Buying and Storage, (4) Home Management, and (5) Clothing and Textiles are appended. (BH)

Rehabilitation Work with the BLIND

COOPERATIVE EXTENSION SERVICE
UNIVERSITY OF MARYLAND
COLLEGE PARK, MARYLAND

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Rehabilitation Work With the Blind; Role of the Helping Professional in Creating a Family Team

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To the participants at the Training Institute in Teaching the Newly Blinded Homemakers and the Workshop for Rehabilitation Teachers of the Blind and Extension Home Economics, we wish to acknowledge their role in helping us to learn to work with the blind.

Finally, sincere appreciation is expressed to those who collaborated in the interviews and for their permission to quote their experiences in this manuscript.

INTRODUCTION

Our interest in the blind stemmed from a workshop initiated by the Maryland Cooperative Extension Service to train vocational rehabilitation teachers and Extension home economists to teach newly blinded homemakers. The three-day workshop was held at the Good Samaritan Hospital, Baltimore, March 1969. As coordinator and team teacher, the experience afforded the authors an opportunity to learn more about the blind population, their needs, and the many problems confronting them in their contact with the sighted world.

One of the major realizations in working with the blind is that before rendering any "technical assistance", such as skills in managing the activities of daily living, it is essential that the helping professional understand the resulting identity crisis in the loss of functio in order to establish a meaningful relationship with the client. One must be aware of the negative aspects of recoil and avoidance reaction of the sighted toward the blind and the threat of dependence on both sides. Programs aimed at fostering change in the understanding of attitudes and habits of individuals will require the recognition of the blind individual as a member of a social and cultural group. His behavior will be influenced by his own self concept and the manner in which he is perceived by his group and society at large. The process involved in an effective educational program in teaching the blind is the creation of a family team toward the adjustment to a lifelong crisis.

What we have attempted to do here is to draw from the theoretical contributions in the fields of psychology and education and expand them into a body of knowledge for health education practice. Success in education for health often depends on changing people's knowledge, attitude and behavior. This cannot be done by dissemination of information alone. It must be done by deliberate learning-teaching efforts.

The Workshop for Rehabilitation Teachers of the Blind and Extension Home Economists was actually a modified version of an earlier experience. In August 1968, a one-week Training Institute in Teaching the Newly Blinded Homemaker was held at the Center of Adult Education on the College Park Campus of the University of Maryland. A sighted home economist and a blind rehabilitation teacher teamed together to teach rehabilitation teachers. The former provided subject matter content; the latter provided skills in working with the blind. Subject matter areas included foods and nutrition, home management, clothing, textiles and grooming. Child development and human relationships became part of the instructional program in the second workshop with home management diffused into all phases of teaching.

We have included in the Appendix the teaching outlines for Food Preparation, Meal Planning, Food Buying and Storage, Home Management, Clothing and Textiles as offered at the Training Institute. These may serve as a guide to others who are learning to teach the newly blinded to cope with the problems of daily living.

REHABILITATION WORK WITH THE BLIND

In working with the newly blinded person, one can organize the rehabilitation process into several categories. While these aspects of rehabilitation often occur simultaneously, they also have a sequential logic and can be viewed as chronological steps in the total helping effort. This paper will describe seven categories of this work:

1. Definition of the role of the helping professional or rehabilitation teacher.

2. Development of a good relationship with the recipient and his household.

3. Comprehensive appraisal of the blind person and those close to him.

4. Creation of a family team that is involved in the rehabilitation.

5. Formulation of a program of rehabilitation.

6. Activation of the person.

7. Implementation of a program.

The rehabilitation process should begin as soon as possible after the handicap becomes apparent. Carroll - who has written extensively in this field and whose writings are frequently cited in this paper - writes:

> The twofold process of arousing realistic hopes of rehabilitation and of helping the blinded person to regain lost skills should be carried on at home during the first weeks of bereavement.[1]

and

> The problem of the delicate defense is one of the reasons why rehabilitation should be undertaken

[1] Carroll, Thomas J., Blindness, Little, Brown and Company, Boston, 1961. P. 98.

> soon after the loss of sight, before a pattern of denial has become ingrained. After maladjustment or apparent adjustment has become habitual, the problem is greatly magnified. This does not mean that help cannot be offered at any time.[2]

The psychological effect of blindness on a person and the losses he suffers are catastrophic for any normal being. The trauma involved in the loss of function and the subsequent stress affects the well being of the whole person and may distort his relationship to the total environment. Any demand, whether it concerns an adjustment in the environment or daily routine, that calls for adaptation beyond the capacity of the individual causes stress, frequently a crisis. The task of rehabilitation is to strengthen individual resources to cope with stress, as well as alleviating the pain, anxiety and fear resulting from prolonged frustration and the loss of an important function.

Blindness interferes specifically in three ways -- moving about, taking in information, and communicating. The following from our interview with blind persons illustrates such "interference":

> Any blind person, I personally feel that they are given threatening situations every single day. The only way it might not threaten is to sit home and not attempt to do anything. But if you take on a job, if you take a trip, if you go to the store and do your own marketing, or go to lunch with some friends -- take lunch for instance, which seems so simple, everybody knows how to eat. If you meet friends, are you going to be able to see them, are you going to be able to find them, are you going to be able to read the menu, are you going to have your money sorted correctly so you can pay your bill comfortably, are you going to end up in a place like a cafeteria or something where you've got to read menus at a great distance, which most physically handicapped persons can't do? These are all the things, if you have to go to the rest room, will you be able to find your way to it?

We all receive help from others from the day we are born. The amount of help is generally much more than we realize or acknowledge. An impaired person typically receives more help than his normal counterpart.

Because of impairment and the resulting inability to care for himself, the disabled is less able to help others. This reciprocal relationship of helplessness departs from the dominant cultural emphasis upon self reliance and independence. The individual may experience poignant hurt associated with the receipt of assistance when he is unable to repay others for the help received. Since he is on the receiving end of helping acts, he must adjust, accommodate and respond to being an object of aid. In a society where work and activity are highly

[2] Ibid, P. 100.

valued, such dependent behavior constitutes a deviation from cultural standards. One effect on the individual is to lower self esteem. The help offered may be accepted with ambivalent and negative feelings.

Definition of the Role of the Helping Professional or Rehabilitation Teacher

The formal characteristics of the teacher's role are usually quite apparent, although in some cases -- as with volunteers -- this is not so. These characteristics are usually defined by the qualifications and functions of the position, your relationship with others in the same office and with other professional people in related fields. One of the difficulties is learning to be genuinely kind, friendly and warm while retaining your professional role. This role can only be defined within the process of interaction with others and can best be understood, perhaps, in retrospect. One important function of supervision is helping the teacher to look back at these interactions to see how he defined his role in the real life situation.

Whenever possible, a psychiatrist and psychologist should participate in the rehabilitation process. According to Carroll:

> The problems of psychological restoration are ones which, so far as active assistance is concerned, must be left entirely to experts -- to the trained psychiatrists, psychologists and caseworkers who are professionally equipped to handle them. No "knowledge of people," no "understanding the blind" can substitute here for professional knowledge and skill.[3]

Carroll may have underestimated the role and capacities of many rehabilitation teachers. Moreover, the reality is that very few blind clients will receive psychological or psychiatric services. These services are both expensive and often unavailable.

Developing a Good Relationship

Developing a good relationship is an important step in helping the blind person. Begin to do this immediately -- even in your first letters or telephone calls to the person you are helping. This is a matter of winning confidence -- and developing a clear sense of the role, capacities and functions of the helping professional by the blind person. There is a need for candor as well as tact on both sides. As Carroll writes:

> There is no easy way to find how to give true sympathy, help, love. But the approach that tries to see the real meaning of blindness and the meaning of some of our feelings about it is a beginning. If it does not necessarily and of itself lead to

[3] Ibid, P. 98.

> love, it can at least remove some of the difficulties that stand in the way of loving.[4]

What you say and how you say it are both important. Even plans for the future should be broached with great care. To the newly blinded, reading by Braille, for example, may seem such an enormous task that even mentioning it can spark great anxiety. These may be goals for the teacher, but making them the goals of the individual requires time and tact.

The other side of this coin is interaction with others. This is the matter of developing a good relationship with the blind person whom you seek to help. This takes time, but begins with the very first contact, even if this is by letter or by telephone. We all know how important first impressions are. It is thus very important to make a good first impression. Early misunderstandings can constitute quite serious problems at a later stage.

It should be emphasized that a misunderstanding can easily occur at an early stage, even though the error may be wholly on the part of the recipient. This may be because of his needs, wishes, and undue expectations. Rather than coping with later accusations and recriminations, an adequate interchange between the teacher and the recipient can clarify many points and provide a realistic view of the services being offered.

Speech is, of course, the major form of human communication. In addition to talking directly with the teacher and others, effective use of the telephone can be encouraged. It is interesting to note a true sex difference here. By and large, men are not as adept at telephone interchanges as women. The satisfactions of a long telephone visit are largely confined to the female sex. This may be relevant in working with male and female blinded -- in terms of conventional cultural patterns, and in helping men to learn to talk more freely, at greater length, on the telephone and in regular contacts.

Even in the first meetings, some specific helpful steps for the blind person are of value in promoting the relationship and motivating him to continue. This early reinforcement is in line with psychological theories of learning. These theories show the need for early positive experiences in promoting a good relationship and promoting subsequent learning. Many simple tricks of the trade can be used here. For example, putting a bell on the shoes of a blind mother's baby is a simple device for helping the mother keep track of her child. In cooking and other household tasks, many helpful hints can be used. Any new kind of mastery -- even of a small skill -- provides a feeling of satisfaction. Part of this can later become the basis of mobility training.

A Comprehensive Appraisal

A comprehensive appraisal of the blind person and his world is a major part of providing help. Getting a realistic picture of a family includes finding out how each member of the family perceives his world.

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[4] Ibid, P. 11.

While each person will differ somewhat, a number of characteristics commonly occur and can be anticipated in dealing with the newly blinded. These might include the following: grief and despair over the loss of a vital function, feelings of depression, excessive dependence, a great loss of self-esteem, insecurity in any new situation, a great need for contact and human interaction, a marked loss of autonomy, and guilt for being a burden on relatives and friends.

Ordinary development entails the growth of independence and the acquisition of skills and competencies which provide the blind person with a sense of mastery. The newly blinded person is often robbed of this sense of mastery and thrust into an extremely dependent position. All of his previous experience has emphasized the need for independence. His new condition can be extremely repugnant and threatening. But now there is a new threat -- isolation from people, from many aspects of the world. Dependence on others is a major way of avoiding isolation.

It is obvious that the process of appraisal is a huge one and might easily discourage the teacher. Do not strive for perfection in this, but recognize the task and do what you can. Most of us will have some skill in doing this; our daily interactions with other people often evoke our capacities for human insight and psychological understanding. In brief, we all have some experience in "sizing up" a human situation and need only extend this talent. In the appraisal process, the goal is not perfection but an appropriate degree of adequacy.

The feelings and reactions of the other members of the family are significant, also. In addition to such reactions as sympathy and concern, other reactions are also likely to occur, although they may not be obvious. There is often a tendency for the able-bodied members of the family to reduce the blinded person to a helpless, wholly dependent invalid. And just as the emotional state of the blinded individual is in a period of transition, the thoughts and feelings of those around him may change rapidly. From feelings of sorrow and despair, the blind person may move to feelings of extreme solicitude, to weariness and feeling "put upon," even to anger and guilt.

The period of adjustment immediately following blindness will be marked by crises and many psychological changes. The blind person must overcome many obstacles. The task of those close to him and of various professionals is to provide comfort and solace and to help him reach certain goals.

The disabled must "accept" his impairment; acceptance is a necessity in order that he properly realize his capabilities. "Acceptance" of a disability requires that the disabled recognize his limitations and promise realistically that the "roles" for performance are made commensurate with the true degree of his handicap, his capabilities and environmental opportunities.

Creating a Family Team

The creation of a family team that is meaningful in rehabilitation of a blind person is an important early goal. Real solutions will generally require the support and often the active participation of other members of the household.

The teacher must be a teacher to all in the home -- communicating the plight and the problems of the newly blinded and helping others in the family to learn how to help and how to stimulate growth.

Every member of the household can have a role on this team. A small child, for example, can have the role that small children in any family have -- that of being helped, entertained, taught, etc. Blind parents can tell stories, sing songs, play some games, and interact with children in a great many ways. Once Braille has been mastered, they can read stories to a child.

The wise teacher will make use of established patterns of conduct in the rehabilitation program. This provides some continuity with the past and comfort of the familiar -- both for the individual and for those in his family. Evidence of this is shown in the following three excerpts from interviews with the blinded:

> For one thing, I think for a family to get along after something like this happens, it has to depend on how they got along before this happened. I am not saying this in all cases, but I've always been trying to take over as head of the household. I don't leave those things for my wife to do, like paying bills and handling the money. Maybe she could have handled it better than I did, or maybe she couldn't. I don't know. And I've continued to do this even though this has happened to me.

A therapist about her working relationship with the blind and their families confirms this need:

> The man is the breadwinner, and this, of course, makes a tremendous problem. I always give the wife my phone number, and do they take advantage of it, and it makes me very happy. Did they need somebody to talk to? Desperately -- they are scared, and they can't let their husbands know how scared. They're very busy at home supporting the husband, but there's nobody supporting them while they're doing this. You know, they can't sit and cry with their husband, and they can't sit and say, "Yes, it's terrible." I encourage them to, but most women can't do this. A couple of them will go to a pay station when they go shopping and call me.

In contrast, he is an account by a rehabilitation worker, herself almost totally blind. She describes an early contact with the family:

> I never minimize. And I get a lot of strange looks from families who have been spending the last two weeks telling this newly blinded person that things aren't bad. You know, everything is going to be just great. I walk in and say, "Things are pretty tough, aren't they?" They just fall apart. You know, this

is what they don't say. I did this to an 11-year old boy this morning, and his poor mother almost fell off her chair.

This worker made an effort to secure a meaningful relationship with a blind person possibly at the expense of promoting a family team. If you are to succeed in the rehabilitation effort, you cannot antagonize others while winning the interest of the blind individual. The temptation to cast the other family members as villains or in other negative ways must be understood and avoided. Even if they are wrong or foolish, you must deal patiently with them, then instruct and induce them to improve their interactions with the blind person.

Formulating a Program of Rehabilitation

Safety is a major concern requiring careful planning by the blind person and all of those meaningfully involved with him. It is here that important first steps can be taken so that the individual can freely move about in some spheres. Mobility training has as its goal an ever-growing circle in which the individual can feel reasonably secure and begin to master again various aspects of the environment. In most settings, a high degree of order, organization, and careful planning are necessary. For those who are not methodical, this may require a considerable amount of re-training. Since the safety and, perhaps, survival of the blind individual may hinge on how he handles himself in moving about in crowds and on the streets, mobility training should be undertaken only by an experienced instructor.

After all of the previous steps have been initiated, you can begin to formulate a program of rehabilitation. This is not the last but an intermediate step in the rehabilitation process. Part of this will be planning for the role of the teacher-counselor in carrying out the total program. He should not disappear entirely, but his role should be a diminishing one.

Part of this is a cognitive task -- that of learning about the programs, agencies, and facilities that are available to the blind. This in itself can help overcome the feeling of isolation or the fear that no one cares. A great many people do care, but in order to gain their help, the rehabilitation worker must become available to them.

In Mrs. X's case it is worth noting that she finally reached the people who could really help her after many phone calls and lengthy discussions. This activity provides a good indication that she was well activated at this point.

> Three days later, I was still talking to people, telling my story over and over again. Finally, on the third day, I reached Mr. S. in Services for the Blind at Vocational Rehabilitation. I told my whole story from the beginning to the end, and I got all through and I said, "Now, who should I call?" And he was hysterical, he said, "How many people have you told this story to?" And I said 306. He said, "Well, I'm going to really make you

> feel good. I'm the last one you have to tell the story to, because I'm the one you've been looking for all this time."

Traditional attitudes and folklore about blindness may play a part in the rehabilitation process. The image of the blind beggar holding a tin cup is an ancient and unfortunately, in some parts of the world, an accurate stereotype. There are other unfortunate stereotypes that lie behind the fears and anxieties of the newly blinded. These images usually focus on the helpless, outcast and hopeless condition of the blind person. At some point, it may be wise to deal with the symbolic paraphernalia around the whole subject of blindness -- and to reveal its bias, its error, its rather antiquated psychological character. This history of stigma and fear will influence many. It will lead some to withdraw, and may lead some to attempt to "pass" for being sighted.

It is interesting to note that the therapist interviewed earlier, despite her impressive success in rehabilitation, has difficulties that derive from this conflict.

> I find airports and railroad stations use these television screens for information now, and I can't read them. When I ask somebody to tell me when a train is due, I rarely get an answer, except, "There's a television screen, Lady, that's what it's for, read it." Then you have to go into the bit, "I can't see," and they give you a peculiar look because you haven't got a cane, you haven't got a dog, and they think you're just too lazy to read.

The newly blinded person must give some cue to inform others of his special circumstances if he wants them to respond in a reasonable way.

The blind person's interest in the way in which the outside world perceives him is normal and desirable. His early feelings of depression and helplessness may preclude these concerns, but hopefully a concern about appearance will develop.

One of the tasks of the blind person is to understand the withdrawal reaction of other people. The very fact that he is blind can lead others to avoid him. In other words, he has, more than ever, the human task of being attractive to other people. Part of the rehabilitation process is an appropriate concern for this kind of social reality.

In a letter to an Extension specialist who taught at the Training Institute in Teaching the Newly Blinded Homemakers, a participant wrote:

> I can't tell you enough how much I appreciate the make-up that you bought me and the instruction in its use. As soon as my husband came home from work he noticed the remarkable change in my appearance. I never really realized the difference that a little make-up could mean. Thanks to your help, this will

also be, in time, an invaluable skill that I can impart to my clients.

A possible conflict between the "cosmetic" aspect of one's appearance to others and the individual's determination to keep the remaining bits of vision can occur. Carroll writes:

> The unsightly eye that a well-meaning worker wishes to have covered with a plastic shell may be receiving a little light, which means a great deal to the blinded person. Again, a disfigured eye or eye socket may be in such a condition that they could not tolerate a prosthetic shell. In either of these cases, no matter how gently the worker may approach the subject, he manages only to arouse fears and feelings of insecurity where perhaps no such fears and feelings existed before, or stir up dormant ones.[5]

We know of a young woman who became totally blind after a measle attack at the age of 11. The disability left her with light perception which is extremely precious to her in mobility functions. However, her mother felt that this daughter, now 28 years old, could be more marriagable if she would undergo cosmetic surgery to improve her appearance. Such surgery would mean sacrificing the ability to perceive light which the young woman is reluctant to give up. The mother's lack of understanding is a constant source of irritation and strain.

Activating the Person

Another step in the process is the activation of the newly blinded person. You must get him "moving." This may occur on many fronts ranging from the purely physical to formulating future plans to other primarily mental acts. Activity is healthy for its own sake in terms of developing a work schedule for the blind like that of everyone else -- in terms of conforming to the real world. But it is also crucial in terms of implementing human roles, genuine involvement, getting others to care, a proper self-esteem and in other ways. While some play activity is certainly desirable, there must be elements of serious life in this activity. Thus, the individual feels central and meaningful and not peripheral, trivial or irrelevant. Making money is a legitimate focus as well, since this is a serious concern for almost everyone. Re-activating a withdrawn, fearful or depressed individual is a difficult task and may require patient and joint efforts.

The loss of vision does not destroy the individual's capacity for freedom to make important choices in his own life, but it may destroy his will to make such decisions, look at his past, present or future as either being determined or as containing important elements of choice -- as a victim or as a free man.[6] The capacity for change and for vital growth requires the presence of this sense of

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[5] Ibid, P. 124.

[6] elis, Allen, "How People Change," Commentary, May, 1969, pp. 56-60.

freedom and of control over one's destiny. Mrs. X's account gives an interesting example of this:

> You could say that the sighted person has a choice, too. He could be a bum, or he could make something of his life. It's different for the blind person to have a choice, because for him to take the choice of I'm going to do something with my life is so much harder. What he will have to do every step of the way is that much harder. You know, most people aren't bums. Most people go to school and earn a living of sorts, but when you're blind, you're not with most people. You're in a sighted world where you're always different.

The blinded person must discover and, with some help, broaden his options of choice. He must learn to exercise his capacity for freedom and strive for more.

Implementing a Program

The nature of the program must adapt itself to the blind individual since it is his personal needs and ambitions which will determine the extent to which helping professionals should be involved. The professional can offer his skills in guiding the individual and the family in formulating the rehabilitation program. Where feasible, psychological services can be of great value in assisting the rehabilitation team. As Carroll writes:

> The work of restoring total personality organization, of helping the blinded person achieve true adjustment, might be said essentially to consist in uncovering and strengthening the ego, while removing the defenses which stand in the way of its facing and overcoming the major handicap of blindness. This is a delicate and difficult task, calling for united efforts in a rehabilitation center which is essentially a psychotherapeutic community.[7]

Do not allow yourself to be daunted by this large task. Although it is the last step, implementation can be a life's work. Life is a serious matter and no less serious where the handicap of blindness is present.

Summary

To develop effective plans for learning experiences, it is important to know a great deal more about the blind as learners in addition to their educational attainment and their abilities. It is necessary to know something about their cultural backgrounds, motivational patterns, the expectations they have of themselves and of others, and their approaches to problem solving.

[7] Carroll, op. cit., p. 233.

Because the conditions under which learning occurs can enhance or inhibit learning, diagnosis of these conditions is necessary. Chief among these conditions are the structure of interpersonal relations, the atmosphere or the climate in the home, and the values which control both.

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APPENDIX

Training Institute for Rehabilitation Teachers of the Blind
August 18-23, 1968
University of Maryland

Teaching Outline for Food Preparation

I. Orientation to the Kitchen
   A. The kitchen and its orientation

II. Aids and Appliances
   A. Demonstration of aids and appliances
   B. Discussion of pros and cons for these items
   C. Open suggestions of other aids and appliances from class

III. Coffee Break and Pre-preparation of Lunch
   A. Techniques of pouring hot and cold beverages
   B. Orientation to kitchen appliances
   C. Importance of systematic approach to work in the kitchen

IV. Preparation of Lunch
   A. Techniques of food preparation
      (measuring, chopping, slicing, stirring, coring, peeling)
   B. Cooking on top of the stove, in the oven and on the broiler
   C. Techniques of safety in the kitchen

V. Serving of Lunch
   A. Setting an informal table
   B. Placing food on the plate
   C. Placing the plates on the table

VI. Clean Up
   A. Techniques of clearing and cleaning flat surfaces
   B. Methods of stacking, scraping and separating dishes
   C. Use of garbage disposal
   D. Techniques of cleaning dishes
      1. Automatic
      2. Hand washing

VII. Overall Kitchen Cleaning
   A. Discussion on care of equipment
   B. Discussion of safety procedures to follow in cleaning and inspecting an appliance

VIII. Techniques of Teaching Others
   A. Kitchen orientation
   B. Appliance orientation
   C. Personal suggestions on orientating a homemaker in her kitchen

IX. Brief Summary
(class participation and discussion in all of the above)

Teaching Outline for Meal Planning, Food Buying and Food Storage

Objective: To have blind home teachers become aware of good practices in meal planning, food buying, and food storage so that they will be able to teach blind homemakers how to serve more nutritious meals to insure better family health.

Basic Nutrition
- 4 Food Groups

Planning One Day's Meals

Adequacy of Meals in Relation to Food Guide

Table Manners

Best Buys
- Cost Comparisons
- Nutrition Comparisons
- Family Likes and Dislikes

Food Storage
- Frozen Food
- Canned and Packaged Food
- Fresh Fruits and Vegetables
- Fresh Meat

Can Sizes

Wrapping Food for Freezing

Buffet Service

Discussion of Brailled and Large Type Bulletins

Teaching Outline for Home Management

Objectives:

To know the functions of home management.

To stimulate the use of management in personal and family affairs both on the part of the home teacher and the client.

To become acquainted with certain basic techniques and procedures which the blind person may use in the various areas of homemaking such as general housecleaning, finances for the family, etc.

Class Outline:

I. Explanation of home management concepts
   A. Goals as a part of management
      1. Explanation of goals on short and long term basis
      2. Role-playing of goal-setting procedures as used by the homemaker
   B. Resources as a part of management
      1. Explanation of the various kinds of human and material resources to be considered by the homemaker
         a. The Federal Extension Service as a resource for information
      2. Role-playing of the decision-making process in regard to use of resources
   C. Process of management
      1. Planning
         a. Types of planning which homemaker may use
         b. Ways to make planning meaningful
      2. Controlling
         a. Procedures which may be used for checking a plan in action
         b. Adjusting the plan
      3. Evaluating
         a. Examining procedures
         b. Planning for next time
      4. Application of concepts
         a. Management of personal finances with specific techniques for the blind
            1. Check writing
            2. Account keeping
            3. Letter writing
         b. Management of the storage problem for linens, food, clothing and business records

II. Pre-cane travel within the home
   A. Methods for travel within the various rooms
   B. Picking up dropped objects
   C. Use of sensory cues for travel

III. Discussion of homemaking role of blind person
   A. How does blindness affect the role of the homemaker in the family?
   B. How does blindness of one family member affect living in the family unit?

IV. Discussion of ways to improve management (and to enable activity) through use of Mundell's Five Classes of Change
   A. Changes in hand and body motions and positions
   B. Change in tools, equipment and work place
   C. Changes in work process or sequence
   D. Changes in the finished product, quantity, quality and design
   E. Changes in material and ingredients used in products

V. Sub-groups experimenting with application of management concepts and Mundell's work simplication suggestions in jobs of the household
   A. Vacuuming carpet in living room area
   B. Bedmaking
   C. Dusting of dining room buffet, table and chairs

VI. Special techniques for homemaking
   A. Folding of the contour sheet
   B. Ironing of specific garments - as a man's shirt

Teaching Outline for Clothing and Textiles Classes

Objectives:

To know the functions of clothing and importance of personal grooming.
To understand fashion is expressed through line, color and design.
To learn the care of clothing by fiber selection and construction, laundering, and pressing.
To learn skills in sewing and the safety factors involved.

I. Review of Textile Names
Identification of fabric by fiber, natural, man-made and blends
   A. Use of different fabrics
   B. How to read a hangtag
   C. How to read a label and a hangtag - where they are located on a garment
   D. Questions to ask a sales person in relation to hangtag information
   E. Care of fabrics and fabric finishes

II. Importance of Grooming and Grooming Practices
   A. Discuss and practice posture, walking, standing, sitting
   B. Direction of conversational voice
   C. Greeting and shaking hands
   D. Facial expression
   E. Practice applying cosmetics, combing, rolling and grooming hair
   F. Care of shoes

III. Clothing Selection and Care
   A. Selection of clothing for becomingness, line color and design -- ease in cleaning, pressing and mending
   B. Identification through texture, trim, markings, orderliness
   C. Achievement of neatness by hanging, brushing, folding
   D. Safety in design and fabric

IV. Laundering Special Fabric
   A. How to launder drip-dry permanent-press blouses and shirts
   B. How to press permanent-press trousers
   C. How to launder new textured polyester knits
   D. How to use the steam iron and sleeve board when pressing garments

V. Sewing by Hand

A. Introduction to sewing aids

1. Needle threader
2. Self threading needles
3. Marked tapes, notched cards, skirt leveler, slide rulers for seams and hems
4. Thimble
5. How to thread a sewing machine

B. Safety factors in hand sewing

1. Use of scissors
2. Container for pins, needles
3. Safety practices with all sewing and ironing equipment in home where there are children